

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90089 046 \*\*\*\*61.25

**DOCUMENT # N96000001677**

**1. Entity Name**  
**FRANK J. LEWIS FOUNDATION, INC.**



**Principal Place of Business**  
**31 W. 20TH ST.**  
**RIVIERA BEACH FL 33419**

**Mailing Address**  
**31 W. 20TH ST.**  
**RIVIERA BEACH FL 33419**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-0652107**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEWIS, PHILIP D**  
**31 W. 20TH ST.**  
**RIVIERA BEACH FL 33419**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD ☐ Delete  
**NAME** LEWIS, EDWARD D  
**STREET ADDRESS** 321 ROYAL POINCIANA PLAZA SOUTH  
**CITY-ST-ZIP** PALM BEACH FL

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VD ☐ Delete  
**NAME** LEWIS, PHILIP D  
**STREET ADDRESS** 31 W. 20TH ST.  
**CITY-ST-ZIP** RIVIERA BEACH FL 33419

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** SD ☐ Delete  
**NAME** LEWIS, DIANA  
**STREET ADDRESS** 2765 TECUMSEH DR.  
**CITY-ST-ZIP** WEST PALM BEACH FL

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** TD ☐ Delete  
**NAME** LEWIS, MEGAN M  
**STREET ADDRESS** 610 PARK CREST DR.  
**CITY-ST-ZIP** THIENSVILLE WI

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** T ☐ Delete  
**NAME** LEWIS, TIMOTHY P  
**STREET ADDRESS** 7924 GREGORY PLACE  
**CITY-ST-ZIP** WEST PALM BEACH FL 33405

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** T ☐ Delete  
**NAME** NAVARRO, PATRICIA L  
**STREET ADDRESS** 18170 JUPITER LANDINGS DRIVE  
**CITY-ST-ZIP** JUPITER FL 33458

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Philip D. Lewis

2/14/03 (561) 844-0201

CR2E037 (10/02)